

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075783

1. Entity Name

RAPTURE, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90046 011 ***150.00

Principal Place of Business 1700 NORTH DIXIE HWY. SUITE 109 BOCA RATON FL 33432 US	Mailing Address 1700 NORTH DIXIE HWY. SUITE 109 BOCA RATON FL 33432-1807 US
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2. Principal Place of Business 1700 N Dixie Hwy #103 Suite, Apt. #, etc.	3. Mailing Address 1700 N Dixie Hwy #103 Suite, Apt. #, etc.
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City & State Boca Raton FL	City & State Boca Raton FL	4. FEI Number 65-0445052	Applied For Not Applicable
Zip 33432	Country US	Zip 33432	Country US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SIMMONS, ROBERT L. 1700 NORTH DIXIE HIGHWAY #109 BOCA RATON FL 33432	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1700 N. Dixie Hwy #103 City Boca Raton FL Zip Code 33432
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SIMMONS, ROBERT L 1700 NORTH DIXIE HIGHWAY #109 BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1700 N Dixie Hwy #103 Boca Raton FL 33432 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Simmons
As Its President

3/2/2000
Date

561-362-8888
Daytime Phone #

CR2E034 (9/99)